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0010/PTO U.S. Department of Con Patent and Laptemark C	nmerce Attorn	ney Docket Num	_{ber} 310265	.90236								
MAY 1 7 2002	First N	Named Inventor	Carl Dvo	orak								
DECLARATION FO	OR		COMPLETE IF KN	own								
UTILITY OR DESIG	Applica	ation Number	10/052,6	59								
PATENT APPLICAT	ION Filing [Date	01/18/20	02								
Declaration OR Declar	ration	Group Art Unit										
Submitted X Submitted with Initial Filing	itted after Examir Filing	aminer Name										
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: HEALTHCARE INFORMATION SYSTEM WITH CLINICAL INFORMATION EXCHANGE												
the specification of which (Title of the Invention)												
is attached hereto												
OR X was filed on (MM/DD/YYYY) O1/18/2002 as United States Application Number or PCT International												
Application Number 10/052,659	and was amended	on (MM/DD/YYYY)		(if applicable).								
I hereby state that I have reviewed and understand referred to above. I acknowledge the duty to disclose information wh		•	-	· ·								
I hereby claim foreign priority benefits under inventor's certificate or §365(a) of any PCT America, listed below and have also identifi PCT international application having a filing	international application ed below, by checking t	n which designated he box, any foreign	dat least one country napplication for pater	other than the United States of								
Prior Foreign Application Number(s)	Country	Foreign Filing [(MM/DD/YYY		Certified Copy Attached? YES NO								
Additional foreign applications numbers												
I hereby claim the benefit under Title 35, Application Number(s)	United States Code §1 Filing Date (MM/											
	9 = 51.5 (13111)	Additional provisional application numbers are listed on a suppleme priority sheet attached hereto.										

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBMAD\323059

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the																		
prior Uni acknowle	prior United States application or PCT international application in the manner provided in the first paragraph of Title 35. United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.																	
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OR List attorney(s) and/or agent(s) name and registration number below																		
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Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto																		
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Nar	ne of	Ado	diti nal Joint Invent r, i	f any:					A peti	tion has been filed fo	or this u	ınsigned in	ventor
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Invent	tor's		A Ballo	7							Date	4/5	5/02
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Give	n	Ĉ	harles		Middle Initial		Fami Nam	ly e	Young			Suffix	
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY DES	IGN	Applicati	ion Number		10/052,65	59						
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As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: HEALTHCARE INFORMATION SYSTEM WITH CLINICAL INFORMATION EXCHANGE the specification of which (Title of the Invention)												
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I hereby claim foreign priority benefits un inventor's certificate or \$365(a) of any P America, listed below and have also iden PCT international application having a fili	CT international ap tified below, by ch	pplication vecking the	which designated box, any foreigi	d at leas n applica	at one country of attent	other than the United States of						
Prior Foreign Application Number(s)	Country		Foreign Filing (MM/DD/YYY)		Priority Not Claimed	Certified Copy Attached? YES NO						
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